

11184

11190

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 252.....

1. PLACE OF DEATH:

COUNTY Queen Anne

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Love PointLENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md.

COUNTY Queen Anne

CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN Love PointSTREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED:
(Type or Print)

(First) Sebert

(Middle)

(Last) William Cawman

4. DATE
OF
DEATH Nov 9- 19555. SEX:
male6. COLOR OR
RACE:
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Single8. DATE OF BIRTH:
March 22-18829. AGE last birthday:
73 yrs.IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): Waterman10b. KIND OF BUSINESS OR
INDUSTRY: Waterman11. BIRTHPLACE (State or foreign country):
Rock Hall Md.12. CITIZEN OF WHAT
COUNTRY? U.S.

13. FATHER'S NAME:

Arthur William Cawman

14. MOTHER'S MAIDEN NAME:

Lida Annanda Fogwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service) No

16. SOCIAL SECURITY NO.: 219-12-6955

17. INFORMANT & ADDRESS:

Mrs Mary J. Donnelly - Rock Hall Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause(a)
DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

Antecedent cause(s)

Diseases or conditions, if any, (b)
giving rise to the above cause DUE TO
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY)

21c. (City or town) (County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY M.21e. INJURY OCCURRED
While at Not while
work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause
SIGNATUREW. Henry Fisher - Centreville Md M. D. CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED
11/10/5523. BURIAL, CREMATION,
REMOVAL (Specify): Burial

DATE THEREOF Nov 12-51 NAME OF CEMETERY OR CREMATORIAL Wesley Chapel

LOCATION (City, town, or county) (State)
Rock Hall Maryland

DATE REC'D BY LOCAL REG. 11-11-51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR G. Lee Armstrong Baileys Centreville Maryland

ADDRESS

RECEIVED
BUREAU Y. S.

NOV 22 1955

MARYLAND STATE DEPARTMENT OF HEALTH

11191

2411 N. Charles Street, Baltimore

11185 CERTIFICATE OF DEATH

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
<i>Queen Anne's</i> MARYLAND		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Grasonville</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town TOWN <i>Grasonville</i>		LENGTH OF STAY (in this place) <i>69 yr.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>000</i>		STREET ADDRESS <i>Scott Town</i>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <i>William</i>		(Month) <i>Nov.</i>	
(Middle) <i>Arthur</i>		(Day) <i>21</i>	
(Last) <i>Cooper</i>		(Year) <i>1953</i>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH
<i>M</i>	<i>C</i>	<i>Sept 22 1916</i>	9. AGE last birthday <i>69 yrs.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<i>Water man</i>		<i>Seafood</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<i>Charles Henry Cooper</i>		<i>Rachel Ann Redman</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p><i>443X</i> Immediate cause (a) <i>Cerebral Thrombosis</i></p> <p>Antecedent cause(s) (b) <i>Hypertensive - Arteriosclerotic CV Disease</i></p> <p>Diseases or conditions, if any, giving rise to the above cause (c) <i>Six Yrs.</i> stating the underlying cause last</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Sept.*, 1953, to *Nov.*, 1955, that I last saw the deceased alive on *Nov. 16*, 1955, and that death occurred at *11:30* m., from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

1/22/55

23. BURIAL, CREMATION REMOVAL (Specify)		DATE	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county) (State)
<i>Burial</i>		<i>11/25</i>	<i>Grasonville Cem.</i>	<i>Grasonville, Md.</i>
DATE REC'D BY LOCAL REG.		REG. <i>11-25-55</i>	REGISTRAR'S SIGNATURE <i>Helen M. Redridge</i>	FUNERAL DIRECTOR <i>James L. Darby</i>
				ADDRESS <i>Easton, Md.</i>

RECEIVED
BUREAU V. S.

NOV 28 1955

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11192

11186 CERTIFICATE OF DEATH

Reg. Dist. No. 253

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Queen Anne Stevensville	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Queen Anne Stevensville		
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) OF DEATH	
S. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
M. W.	Married	Aug. 28, 1877	9. AGE last birthday yrs. 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Engineer		R.R.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Robert Councill		Martha Sparks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
y		717-28-9634	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
260X IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(A) coronary occlusion Arteriosclerosis & hypertensive cardio- vascular disease diabetes mellitus	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		amputation of both legs due to diabetic gangrene	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
22. I hereby certify that I attended the deceased from... Oct. 1925, to Nov. 28 1955, that I last saw the deceased alive on Nov. 28, 1955, and that death occurred at 10:15M, from the causes and on the date stated above.		ADDRESS (Street, city, town, state) DATE SIGNED	
SIGNATURE Theodor Sattelmair		M.D.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Dec. 1	
24. REC'D BY REGISTRAR DATE Dec. 1-55		REGISTRAR'S SIGNATURE Elizabeth Stoyter	
25. FUNERAL DIRECTOR'S SIGNATURE Edgar L. Lane		ADDRESS Church Hill, Md.	

5
DEPARTMENT OF STATE - WASHINGTON, D. C.

RECEIVED IN THE STATION OF THE SECRETARY OF STATE

BUREAU V. S

DEC 6 1955

RECEIVED

GENERAL ATTORNEY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11193

11187 CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH

COUNTY Queen Anne

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)

TOWN Rural Church Hill

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland

COUNTY Queen Anne

CITY (If outside corporate limits, write RURAL and give nearest town)

OR TOWN Rural Church Hill

STREET
ADDRESS

(If rural give location)

3. NAME OF
DECEASED
(Type or Print)

(First)

(Middle)

(Last)

5. SEX

6. COLOR OR
RACE7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

8. DATE OF BIRTH

4. DATE
(Month)
OF
DEATH Nov. 13(Day)
(Year) 19 55

Male White

Married

Oct. 11-1877

9. AGE last birthday
78 yrs.IF UNDER 1 YEAR
MonthsIF UNDER 24 HRS.
Days Hours Min.10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired) Tenant Farmer10b. KIND OF BUSINESS
OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT
COUNTRY? USA

13. FATHER'S NAME

James Henry Green

14. MOTHER'S MAIDEN NAME

Mary E. Everett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

Mrs. Albert Green-Church Hill, Md.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 X

IMMEDIATE CAUSE

(A)

Carcinoma of lung

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, (B)
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

M.

White
at work Not white
at work

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/30, 1955, to 11/13, 1955, that I last saw the deceased
alive on 11/8, 1955, and that death occurred at M, from the causes and on the date stated above.

ADDRESS (Street, city, town, state)

DATE SIGNED 11/15/55

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)
Burial

24. REC'D BY REGISTRAR

DATE 11-15

DATE THEREOF

REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORIUM

Crumpton

LOCATION (City, town, or county)

(State)

Crumpton, Maryland

ADDRESS

25. FUNERAL DIRECTOR'S SIGNATURE

Edgar L. Lane Church Hill, Maryland

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

THE CERTIFICATE OF DEATH

BUREAU

NOV 21 1955

RECEIVED

11188

11194
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 253

1. PLACE OF DEATH: <i>Dream Avenue</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Md.</i> COUNTY <i>Dream Avenue</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Chester</i>		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <i>Chester</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print)	(First) <i>Arthur Stewart Nash Jr.</i>	(Middle) <i></i>	(Last) <i></i>
5. SEX:	6. COLOR OR RACE <i>Male</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <i></i>	8. DATE OF BIRTH: <i>Jan 22 - 1920</i>
9. AGE last birthday: 9 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <i>none</i>	11b. KIND OF BUSINESS OR INDUSTRY: <i></i>	11. BIRTHPLACE (State or foreign country): <i>Chester Md.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	14. MOTHER'S MAIDEN NAME: <i>Valerie Segmeyer</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.: <i>none</i>		17. INFORMANT & ADDRESS: <i>Mrs Myrtle Brown - Glen Burnie Md.</i>
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1 Immediate cause (a) <i>Coronary occlusion -</i> DUE TO <i>Found dead in bed.</i>			
Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) _____			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)		21c. (City or town) <i></i> (County) <i></i> (State) <i></i>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <i>W. Henry Fisher Centreville Md. M.D.</i>			
23. BURIAL/CREMATION/ REMOVAL (Specify): <i>Burial</i>	DATE THEREOF <i>Mar 28</i>	NAME OF CEMETERY OR CREMATORIAL <i>Mt Olivet</i>	LOCATION (City, town, or county) <i>Balt.</i> (State) <i>Md.</i>
DATE REC'D BY LOCAL REG. REG.	REGISTRAR'S SIGNATURE <i>Elizabeth Noyter</i>	24. FUNERAL DIRECTOR <i>Edgar L. Zorn</i>	ADDRESS <i>Church Hill</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

DEC 1 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11195

11189 CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH

COUNTY Queen Anne
 CITY (If outside corporate limits, write RURAL
OR end give nearest town)
 TOWN RURAL SUDLERSVILLE
 HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
00

MARYLAND
 LENGTH OF STAY
(in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD.
 COUNTY QUEEN ANNE
 CITY (If outside corporate limits, write RURAL and give nearest town)
 TOWN RURAL SUDLERSVILLE
 STREET
ADDRESS
(If rural give location)

**3. NAME OF
DECEASED
(Type or Print)**

(First) CARMON (Middle) N. (Last) SKINNER

4. DATE (Month) (Day) (Year)
 OF DEATH Nov. 25 1955

5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH SEPT. 11, 1894

9. AGE last birthday 61

IF UNDER 1 YEAR
yrs. Months Days Hours Min.

10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY GENERAL CARPENTER

11. BIRTHPLACE (State or foreign country) MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mordeci Skinner

14. MOTHER'S MAIDEN NAME Hester A. Benton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.I.

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS Mr. Roy Skinner - Crumpton, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X IMMEDIATE CAUSE (A) carcinomatosis

DUE TO

ANTECEDENT CAUSE(S) (B) gastroic carcinoma
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, DUE TO

STATING UNDERLYING CAUSE LAST, DUE TO (C)

INTERVAL BETWEEN
ONSET AND DEATH

3 years

several years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19e. DATE OF OPERATION -8-

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY?

YES NO

21e. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) Millington

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
While Not while
at work at work

21f. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from April, 1955, to Nov 25, 1955, that I last saw the deceased alive on Nov 25, 1955, and that death occurred at 11:15 A.M. from the causes and on the date stated above.

SIGNATURE J.H. Hamilton

ADDRESS (Street, city, town, state) Millington Md

DATE SIGNED 11/27/55

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)
BURIAL

DATE THEREOF Nov. 28, 1955

NAME OF CEMETERY OR CREMATORIUM SUDLERSVILLE Cem.

LOCATION (City, town, or county) SUDLERSVILLE

(State)

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE Edgar L. Lewis

25. FUNERAL DIRECTOR'S SIGNATURE Edward Fellow Millington Md.

ADDRESS

DATE Nov. 30, 1955

WISCONSIN STATE DEPARTMENT OF INSURANCE

1958 CERTIFICATE OF DEATH

1958

RECEIVED
BUREAU V. S.

NOV 30 1955

PLEASE WRITE CLEARLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 2521

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11196

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Centreville R.F.D.		LENGTH OF STAY (in this place) 4 yrs	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print)	(First) Joseph Lee	(Middle)	(Last) Smallwood
5. SEX: Male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: July 18-1943
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Student	10b. KIND OF BUSINESS OR INDUSTRY: house	11. BIRTHPLACE (State or foreign country): Charles town W. Va	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robt A. Smallwood	14. MOTHER'S MAIDEN NAME: Cora Redmond		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.: no	17. INFORMANT & ADDRESS: R.T. Funk Hauser-Centreville Md	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 919.8 Immediate cause (a) Shot gun wound in head - accident Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-19-55 2:15 PM.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Shot in duck blind - accidentally			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE W. Henry Frasier-Centreville Md		CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. DATE SIGNED 11/20/55	
23. BURIAL, CREMATION, REMOVAL (Specify): Funeral		DATE THEREOF Nov. 22-1955 NAME OF CEMETERY OR CREMATORIAL Edge Hill LOCATION (City, town, or county) Charles Town W. Va (State)	
DATE REC'D BY LOCAL REG. 11-20-55		REGISTRAR'S SIGNATURE Ebie Armstrong 24. FUNERAL DIRECTOR ADDRESS Barton Bandy W Evans Bader Centreville Md.	

BUREAU V. 2

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